



Introduced Version

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## HOUSE RESOLUTION No. \_\_\_\_

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*Introduced by: Kirchhofer*

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A HOUSE RESOLUTION urging the legislative council to establish an interim study committee to study topics related to the practice of polysomnography.

*Whereas, Polysomnography, as defined by the Mayo Clinic, is a test used to diagnose sleep disorders;*

*Whereas, These sleep studies record brain waves, oxygen level in the blood, heart rate and breathing, as well as eye and leg movements; and*

*Whereas, In order to safeguard patients undergoing these sleep studies and to ensure that the facilities are appropriate and the technicians are certified, it behooves the state of Indiana to study all topics relating to polysomnography:*

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*Therefore,*

*Be it resolved by the House of Representatives of the  
General Assembly of the State of Indiana:*

SECTION 1. That the legislative council is urged to establish an interim study committee to study topics related to the practice of polysomnography including appropriate credentials for polysomnographic technologists and appropriate facility settings for the practice of polysomnography.

SECTION 2. The "practice of polysomnography" to be studied by the committee, if established, means performing any of the following tasks under the general supervision of a licensed physician:

(1) Monitoring, recording, and evaluating physiologic data during the evaluation of sleep related disorders, including sleep related respiratory disturbances, by applying the following techniques, equipment, and procedures:

(A) Noninvasive continuous, bi-level positive airway pressure, or adaptive servo ventilation titration on spontaneously breathing patients using an oral or nasal interface, if the oral or nasal interface does not extend into the trachea or attach to an artificial airway.

(B) Supplemental low flow oxygen therapy of less than six (6) liters per minute, using a nasal cannula or incorporated into a positive airway pressure device during a polysomnogram.

(C) Capnography during a polysomnogram.

(D) Cardiopulmonary resuscitation.

(E) Pulse oximetry.

(F) Gastroesophageal pH monitoring.

(G) Esophageal pressure monitoring.

(H) Sleep stage recording using surface electroencephalography, surface electrooculography, and submental surface electromyography.

(I) Surface electromyography.

(J) Electrocardiography.

(K) Respiratory effort monitoring, including thoracic and abdominal movement.

(L) Plethysmography blood flow monitoring.

(M) Snore monitoring.

(N) Audio and video monitoring.

(O) Body movement monitoring.

(P) Nocturnal penile tumescence monitoring.

(Q) Nasal and oral airflow monitoring.

(R) Body temperature monitoring.



- 1 (S) Monitoring the effects that a mask or oral appliance  
2 used to treat sleep disorders has on sleep patterns, if the  
3 mask or oral appliance does not extend into the trachea or  
4 attach to an artificial airway.
- 5 (2) Observing and monitoring physical signs and symptoms,  
6 general behavior, and general physical response to  
7 polysomnographic evaluation and determining whether  
8 initiation, modification, or discontinuation of a treatment  
9 regimen is warranted.
- 10 (3) Analyzing and scoring data collected during the monitoring  
11 described in subdivisions (1) and (2) for the purpose of assisting  
12 a licensed physician in the diagnosis and treatment of sleep and  
13 wake disorders that result from developmental defects, the aging  
14 process, physical injury, disease, or actual or anticipated somatic  
15 dysfunction.
- 16 (4) Implementation of a written or verbal order from a licensed  
17 physician to perform polysomnography.
- 18 (5) Education of a patient regarding the treatment regimen that  
19 assists the patient in improving the patient's sleep.
- 20 SECTION 3. That the committee, if established, shall operate  
21 under the direction of the legislative council, and that the committee  
22 shall issue a final report when directed to do so by the council.

